The Joint Commission: Kansas City Society for Healthcare Engineering

DATE: October 2019
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Engineer/LSCS - SIG Engineering
Learning Objectives

At the conclusion of this presentation, participants will be able to:

- Discuss The Joint Commission mission
- Understand the survey process and the top issues Life Safety Code Surveyors see on survey and provide solutions
- Understand the TJC/CMS Validation Surveys
- Understand which standards are scored most frequently in 2018
- Discuss ligature issues
- Learn the new Elements of Performance of 2019.
Current and Emerging Patient Safety Risks—An Onsite Survey Focus

- Suicide Prevention
- High-Level Disinfection/Sterilization
- Sterile Compounding
- Hemodialysis

Tip for success: Dr Chassin sent each CEO a letter in April 2018 also please see the attached site: https://jointcommission.new-media-release.com/2018_411_part1/#hld
HAI’s – Hospital Acquired Infections

- Approximately 700,000 cases per year
- Approximately 60,000 deaths per year from HAI’s
  - Equivalent to one 747-400 every 2.5 days
Mission:

- To continuously **improve** health care...
- By **evaluating** health care organizations - meaningful assessment – by discovering unknown risks
- To provide **safe** and effective care
- **Inspiring** them to excel
The movie

Leading the Way to Zero™
ACO-DSSM-SIG – who does what at TJC?

ACO – Kendig / Markjohn

Herman McKenzie / Engineers

DSSM – McKenzie / Gudkese / et al
What’s New?
## Life Safety Code Surveyor Days - 2018

### Hospitals – Each Physical Address = Min. 2 LSCS days (NEW)

<table>
<thead>
<tr>
<th>Gross Building Square Footage</th>
<th>LSCS Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1,000,000</td>
<td>2</td>
</tr>
<tr>
<td>1,000,000 – 1,500,000</td>
<td>3 (NEW)</td>
</tr>
<tr>
<td>&gt;1,500,000</td>
<td>LSC FD Review</td>
</tr>
</tbody>
</table>

### Non Hospital Life Safety Code Surveyor Days - 2018

<table>
<thead>
<tr>
<th>Gross Building Square Footage</th>
<th>LSCS Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHC / ASC</td>
<td>1</td>
</tr>
<tr>
<td>Med Def</td>
<td>1</td>
</tr>
<tr>
<td>SSU / OQPS</td>
<td>1</td>
</tr>
</tbody>
</table>
What’s new?

- New kitchen checklist
- Validation process
- Focus on pre-construction risk assessment
- 2019 LSCS webinar series

Surveying what space?

- ...requires the LSC survey to extend to all inpatient locations and to locations where patients customarily go to receive patient care and would permit those locations to be classified as Health Care...

- During Survey SIG ‘A & B’ Calls – reminder

- BBI!
Validation Process – **Current State**

- Conducted within 60 days of our survey
- Larger State Agency survey team
- Longer in duration
- High likelihood of different records, staff, patients reviewed or observed
- Historical disparity rate calculation
Validation Process – **Future State (in pilot now!)**

- Simultaneous survey
- Consistent number of surveyors and survey days
- Emphasis on communication
- State Agency observing our survey team
  - Each surveyor observed directly by State counterpart
- Elimination of disparity rate
- Focus on Accrediting Organization performance
IN CASE OF FIRE:

Please leave the building before posting it on social media.
Where is the ICRA for this project?
How was IC involved in the planning and design of this project?
NFPA 241......new requirement?
The building tour

- Applicability of our LS standards for business occupancies – (score in EC chapter).

LSC surveys extend to all areas of a hospital where patient care is provided or where systems support patient care, regardless of rated separation.
The Building Tour

Stairs

Lab, Pharm, Kitchen

Roof – labeled lab exhaust

Fire barriers, Rad, MRI

Pressure relationships – critical vs non critical
Requirements Life Safety Code Surveyors want you to know about...

RPTs

- **Solution:** Assure compliance with all requirements in NFPA 99-2012, 10.2.3.6 & CMS S & C 14-46-LSC

**10.2.3.6 Multiple Outlet Connection.** Two or more power receptacles supplied by a flexible cord shall be permitted to be used to supply power to plug-connected components of a movable equipment assembly that is rack-, table-, pedestal-, or cart-mounted, provided that all of the following conditions are met:

1. The receptacles are permanently attached to the equipment assembly.
2. The sum of the ampacity of all appliances connected to the outlets does not exceed 75 percent of the ampacity of the flexible cord supplying the outlets.
3. The ampacity of the flexible cord is in accordance with NFPA 70, *National Electrical Code*.
4. The electrical and mechanical integrity of the assembly is regularly verified and documented.
5. Deleted by TIA
Requirements Life Safety Code Surveyors want you to know about (cont.)

- Fire response plan, LIP, copy at operator or security
  - Solution: Identify role of LIP in fire plan (are you really using RACE and PASS?) and post plan at CBX/PBX or Security (EC.02.03.01 EP-9)

- Generator EPO remote/not on exterior enclosures
  - Solution: (EC.02.05.03 EP-11)

5.6.5.6* All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building.

A.5.6.5.6 For systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified.
Requirements Life Safety Code Surveyors want you to know about (cont.)

- Ligature – more to come later...

- Eyewash Stations (what about showers?)
  - Solution: risk assessment!
Requirements Life Safety Code Surveyors want you to know about (cont.)

- Alcohol soaked items in the OR – see NFPA 99-2010 – 15.13.3.4 (3) Any solution-soaked materials have been removed from the operating room prior to draping and use of electrosurgery, cautery, or a laser. **TJC - remove from the vicinity of the patient.**
Requirements Life Safety Code Surveyors want you to know about (cont.)

Medical Gas

Solution: Assure compliance with labeling the medical gas distribution system per NFPA 99, 5.1.11 and get the sign(s) right (5.1.3.1.8/9)!

5.1.11* Labeling and Identification. Color and pressure requirements shall be in accordance with Table 5.1.11.

5.1.11.1 Pipe Labeling.

5.1.11.1.1 Piping shall be labeled by stenciling or adhesive markers that identify the patient medical gas, the support gas, or the vacuum system and include the following:

(1) Name of the gas or vacuum system or the chemical symbol per Table 5.1.11
(2) Gas or vacuum system color code per Table 5.1.11
(3) Where positive pressure gas piping systems operate at pressures other than the standard gauge pressure in Table 5.1.11, the operating pressure in addition to the name of the gas

5.1.3.1.8 Locations containing positive pressure gases other than oxygen and medical air shall have their door(s) labeled as follows:

- Positive Pressure Gases
  - NO Smoking or Open Flame
  - Room May Have Insufficient Oxygen
  - Open Door and Allow Room to Ventilate Before Entering

5.1.3.1.9 Locations containing central supply systems or cylinders containing only oxygen or medical air shall have their door(s) labeled as follows:

- Medical Gases
  - NO Smoking or Open Flame
Requirements Life Safety Code Surveyors want you to know about (cont.)

Corridor/Suite Perimeter Doors

- Solution: (LS.02.01.30 EP-13) **Note 1:** For hospitals that use Joint Commission accreditation for deemed status purposes: Powered corridor doors are equipped with positive latching hardware unless the organization can verify that this equipment is not an option provided by the door manufacturer. In instances where positive latching hardware is not an available option provided by the manufacturer, the device used must be capable of keeping the door fully closed when a force of 5 lbf is applied at the latch edge and in any direction to a sliding or folding door, whether or not power is applied in accordance with NFPA 101-2012: 19.3.6.3.7.
GFCI Exceptions in Hospitals

In the 2008 and 2011 NEC (NFPA 70) code; 210.8(B)(5), Exception No. 2 to (5) was inserted, stating that “receptacles located in patient bed locations of general care or critical care areas of health care facilities, [other than those in hospital bathrooms covered by 210.8(B)(1)] shall not be required to be GFCI protected where within 6 feet of the basin.”

In addition, 517.21 states that GFCI protection shall not be required for receptacles installed in critical-care areas where the toilet and basin are installed within the patient room.

The intent of this section is to ensure that a GFCI receptacle or a GFCI-protected receptacle is not installed in a general-care or critical-care patient-bed location where life support and other extremely important diagnostic and electrical support equipment could be inadvertently connected to the GFCI-protected circuit.
Requirements Life Safety Code Surveyors want you to know about (cont.)

- Read the small print...NFPA 72-2010.

10.15* Protection of Fire Alarm System. In areas that are not continuously occupied, automatic smoke detection shall be provided at the location of each fire alarm control unit(s), notification appliance circuit power extenders, and supervising station transmitting equipment to provide notification of fire at that location.

Exception: Where ambient conditions prohibit installation of automatic smoke detection, automatic heat detection shall be permitted.
Interim Life Safety Measures

- Policy Reviewed during document review,
  - LSCS to provide copy of ILSM Reference guide morning of day 1
- For LS findings, either corrected on site (<8 hours)
  
  OR

- Surveyor required to document in report what ILSM is put in place until corrected

Tip for success: Know your ILSM policy – education can be limited to specific staff such as plant ops and security – be careful how you write the ILSM policy TJC will hold you to your policy!
ILSM changes on the report

What the LSCS sees...

What you see on the report if corrected on site while surveyor is still present

site. In 2 out of 2 fire barrier door checks, The two 90 minute fire rated doors that lead into the boiler room and the emergency generator room were secured in the open position by wooden wedges at the time of survey. This finding was observed during survey activity, but corrected onsite prior to the surveyor's departure. The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission.
ILSM changes on the report

What the LSCS sees...

What you see on the report

The fire alarm control panel room was in a 1 hour rated room, however the door to that room was not labeled to the required 45 minute fire rating at the time of survey. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy:

Increase surveillance (EP-8), Provide additional training on use of firefighting equipment (EP-10)
Perspective...

- You are being evaluated on (HAP)...
  - 156 Eps – EC
  - 193 Eps – LS
  - 112 Eps – EM

- So...using only EC and LS – you are being evaluated on 349 Eps....!
- Keep things in ‘perspective!’
Top 10 Findings:
Most Challenging Standards
Environment of Care (EC) and
Life Safety (LS) Chapters
The Joint Commission’s Survey Analysis for Evaluating Risk (SAFER) Matrix™

Immediate Threat to Life

- **HIGH**
- **MODERATE**
- **LOW**

Scope
- **LIMITED**
- **PATTERN**
- **WIDESPREAD**

Likelihood to Harm a Patient/Staff/Visitor

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Challenges and Solutions for the Environment of Care (EC)

Most frequently cited EC standards – 98% of hospitals had at least 1 EC finding in the EC Chapter

- EC.02.06.01 (NPSG.15.01.01/1) – Safe Environment/Ligature Risks
- EC.02.05.01 – Manage Utility Systems Risks
- EC.02.05.09 – Inspect, Test & Maintain (ITM) Medical Gas Systems
- EC.02.02.01 – Hazardous Materials and Waste
- EC.02.05.05 – Inspect Test & Maintain (ITM) Utility Systems
- EC.02.03.05 – Fire Safety Equipment & Bldg. Features
- EC.02.03.03 – Fire Drills
- EC.02.05.07 – ITM Emergency Power Systems
- EC.02.04.03 – ITM Medical Equipment
- EC.02.05.03 – Emergency Electrical Power Source
Challenges and Solutions for the Life Safety - LS

Most frequently cited LS Standards – 97% of hospitals surveyed had at least 1 finding in the LS Chapter

- LS.02.01.35 – Sprinklers, etc.
- LS.02.01.30 – Protect from Fire and Smoke
- LS.02.01.10 – Effects of Fire/Heat/Smoke
- LS.02.01.20 – Means of Egress
- LS.01.01.01 – Life Safety Code Compliance
- LS.02.01.34 – Provides/Maintains Fire Alarm System
- LS.02.01.50 – Building Services Protect from Fire and Smoke
- LS.02.01.70 – Fire/Smoke Prevention Requirements
- LS.01.02.01 – Interim Life Safety Measures
- LS.03.01.30 – Fire & Smoke Protection in Ambulatory Healthcare
Most Frequently Cited EM Standards

10% of surveyed hospitals had at least 1 EM finding

- EM.02.01.01 - EOP
- EM.03.01.03 – exercises X2/yr
- EM.02.02.13 – LIP privileges
- EM.03.01.01 – evaluates EOP
- EM.02.02.01 - communication
- EM.01.01.01 - planning
- EM.02.02.07 – manage staff
- EM.02.02.15 – non LIPs
- EM.02.02.03 – resources and assets
- EM.02.02.05 – safety & security
## Condition-Level Deficiency Data

### % of Psychiatric Hospitals with at least one Conditional-Level Deficiency (CLD)

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Number of deemed Orgs with CLDs</th>
<th>Average CLD per Hospital</th>
<th>% of Hospitals with at least one CLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2018 – 12/31/2018</td>
<td>185</td>
<td>1.77</td>
<td>61.62%</td>
</tr>
<tr>
<td>01/01/2017 – 12/31/2017</td>
<td>180</td>
<td>1.77</td>
<td>77.08%</td>
</tr>
<tr>
<td>01/01/2016 – 12/31/2016</td>
<td>200</td>
<td>2.08</td>
<td>65.60%</td>
</tr>
</tbody>
</table>
## Condition-Level Deficiency Data

% of **Hospitals** with at least one Conditional-Level Deficiency (CLD) (excluding Psychiatric Hospitals)

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Number of deemed Orgs with CLDs</th>
<th>Average CLD per Hospital</th>
<th>% of Hospitals with at least one CLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2018 – 12/31/2018</td>
<td>1186</td>
<td>1.29</td>
<td>49.66%</td>
</tr>
<tr>
<td>01/01/2017 – 12/31/2017</td>
<td>1190</td>
<td>1.33</td>
<td>52.02%</td>
</tr>
<tr>
<td>01/01/2016 – 12/31/2016</td>
<td>1142</td>
<td>1.04</td>
<td>34.15%</td>
</tr>
</tbody>
</table>
## Life Safety Code Surveyors Average RFI’s per Survey

**Full Hospital Surveys**

<table>
<thead>
<tr>
<th>Year</th>
<th>N</th>
<th>Average RFI</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>1359</td>
<td>16.42</td>
</tr>
<tr>
<td>2017</td>
<td>1360</td>
<td>13.68</td>
</tr>
<tr>
<td>2016</td>
<td>1282</td>
<td>11.37</td>
</tr>
<tr>
<td>2015</td>
<td>1132</td>
<td>10.86</td>
</tr>
<tr>
<td>2014</td>
<td>1062</td>
<td>10.46</td>
</tr>
</tbody>
</table>

**SAFER**

“See it / Cite it”

**“C” Category PFI’s**

- **2018**: 16.42
- **2017**: 13.68
- **2016**: 11.37
- **2015**: 10.86
- **2014**: 10.46
Follow Up Surveys – Hospital Program (exc. Psych)

<table>
<thead>
<tr>
<th>Year</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>1186</td>
<td>49.66%</td>
</tr>
<tr>
<td>2017</td>
<td>1190</td>
<td>52.02%</td>
</tr>
<tr>
<td>2016</td>
<td>1186</td>
<td>34.15%</td>
</tr>
<tr>
<td>--------------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>EC.02.06.01/1</td>
<td>68.1%</td>
<td>65.6%</td>
</tr>
<tr>
<td>LS.02.01.35/4</td>
<td>61.2%</td>
<td>58.5%</td>
</tr>
<tr>
<td>EC.02.05.05/6</td>
<td>54.7%</td>
<td>50.9%</td>
</tr>
<tr>
<td>EC.02.05.01/9</td>
<td>47%</td>
<td>EP Change</td>
</tr>
<tr>
<td>LS.02.01.35/5</td>
<td>44%</td>
<td>40.1%</td>
</tr>
<tr>
<td>EC.02.02.01/5</td>
<td>43.3%</td>
<td>42.2%</td>
</tr>
<tr>
<td>LS.02.01.35/14</td>
<td>42.2%</td>
<td>New EP</td>
</tr>
<tr>
<td>LS.02.01.10/14</td>
<td>42.1%</td>
<td>New EP</td>
</tr>
<tr>
<td>LS.02.01.10/11</td>
<td>40.2%</td>
<td>1.1% New EP</td>
</tr>
<tr>
<td>EC.02.05.01/15</td>
<td>38.6%</td>
<td>39.6%</td>
</tr>
</tbody>
</table>
I think they meant the date...
New 5000A Fuses!
EC.02.06.01 EP-01 – Ligature Risks is now NPSG.15.01.01/1 for Hospitals
LS.02.01.35  EP 05  Nothing stored 18” below sprinkler head
Challenges and Solutions for the Life Safety - LS

LS.02.01.35: 18” Sprinkler Clearance
Challenges and Solutions for the Environment of Care (EC)

EC.02.05.09 –
EP 11 Medical Gas Zone valves accessible
LS.02.01.10 EP 11 Undercuts Rated Door: ($\leq 3/4''$)
LS.02.01.35 EP 4 - Sprinkler piping supports nothing else
LS.02.01.35 EP 4 - Sprinkler piping supports nothing else
LS.02.01.35 EP 5 – Sprinkler Head undamaged, free of corrosion, escutcheon plate installed
EC.02.05.01 EP15 & 16 - Critical & noncritical Air Pressure Relationships
This is not an exit! PLEASE DO NOT OPEN
EC.02.06.01 EP 1 – Stained ceiling tile
LS.02.01.10 EP14 - Barrier Penetrations
LS.02.01.10 EP 14 - Barrier Penetrations
LS.02.01.10 EP-11 Rated Door
LS.02.01.10 EP 11 Rated Door Self Closing – No wedges!
What’s Wrong Here?
Why is it Wrong?
LS.02.01.20 & LS.02.01.10
LS.02.01.20 EP 14 - Corridor Clutter
LS.02.01.20 EP 13 - Stairwell Storage
EC.02.05.09 Med Gas Storage
The NEW EP’s
Radiology / Imaging
Medical Imaging

EC.02.02.01 EP7

Personnel Monitors

• No badges or not wearing
• Wear position if lead worn

Radio-protective Apparel

• Apron inspection (not all states are annual)
• Apron storage (some manufacturer’s actually state lay flat)
EC.02.04.03

- EP 21 - At least annually, a diagnostic medical physicist conducts a performance evaluation of all CT imaging equipment.

- EP 34 - At least annually, a diagnostic medical physicist conducts a performance evaluation of fluoroscopic imaging equipment.

Tip for success: What is ALARA?
Medical Imaging

HR.01.05.03 EP 15
• Individuals who use fluoroscopic equipment:
  • Ongoing and (annual) education ALL staff including radiologists

LD.04.01.05 EP 25
• Radiation Safety Officer

PC.02.01.01 EP 30
• Fluoroscopic skin dose threshold levels
Ligature Update
To address the physical and clinical components...

- The Joint Commission assembled Expert Panel
  - Including CMS, accredited organizations, national alliances, clinicians, The Joint Commission staff, other accrediting organizations, etc.

- Convened 5 expert panel meetings in 9 months
  - 16 recommendations
  - FAQs to provide further clarification
  - NPSG 15.01.01 for BHH and Hospitals with BH units (CAHs)
  - [https://www.jointcommission.org/topics/suicide_prevention_portal.aspx](https://www.jointcommission.org/topics/suicide_prevention_portal.aspx)
**Expert Panel Successes**

- Achieved consensus on terminology of “ligature-resistant” vs “ligature-free”
- Evaluated different environments for applicability
- Increased alignment with CMS

---

**Must be ligature resistant:**

Inpatient psychiatric units, in both psychiatric and general/acute care hospitals, dedicated spaces in the Emergency Department

**Not required to be ligature resistant:**

But are required to have conducted an environmental risk assessment, steps, protocols, safeguards, etc. in place to protect suicidal patients:

- EDs, general med/surg inpatient units, residential, partial hospitalization, day treatment, intensive outpatient programming
Scoring

Scoring may vary depending on situation

- Immediate Threat to Health or Safety vs. Condition Level
  - Identification prior to the survey
  - Mitigation plan and implementation
  - Plan of correction

Score at NPSG.15.01.01 EP1 (BH and Acute Care Hospitals)

CoP 482.13 (vs 482.41) (Patient Rights vs Physical Environment)

The following elements must be in place in order for the Survey team to consider lowering findings from CLD to SLD

- Risk Assessment – complete and comprehensive prior to survey
- Appropriate Mitigation – Both clinical and physical environment
- Physical Environment Corrections have started – Invoices, Purchase Orders, Construction Contracts
Design

- Designated Behavioral Health
- Preferred Behavioral Health
  - Emergency Department
  - Bathrooms
- Non-Designated Behavioral Health
Survey Evaluation: Ligature Issues
For the most current and up to date info on ligature...
Survey Evaluation

Patient Room

- Solid Ceiling
- Bed
- Light Fixtures
- HVAC Vents
- Tamper Proof Screws
- Sprinkler Heads
- Bathroom Fixtures (plumbing, toilet paper dispensers, paper towel dispensers, etc.)
- Grab Rails
- Full-size doors and hardware
- Curtains (Privacy, Window Treatment, and Shower)
- Medical Gases
- Medical Devices
Survey Evaluation

Corridor

- Grab Rails
- Corridor Doors and Hardware
- Fire/Smoke Barrier Doors and Hardware
- Security Doors and Hardware
- Light Fixtures
- HVAC Vents
- Tamper Proof Screws
- Sprinkler Heads
- Life Safety Devices: exit signs, audio/visual devices, medical gas shut-off, etc.

EXPERT PANEL RECOMMENDED EXCEPTIONS

1. Visibility from Nurses Station: only applicable to ceiling tiles, no other ligature risks.
2. Nurses Station: not accessible to patients and continuously staffed; not required to be ligature resistant within the nurses station.
FAQ

Inpatient Ceilings

• Patient Rooms/Bathrooms: Solid ceiling to prevent access

• Corridors: dropped ceilings are allowed in corridors & common areas where staff are regularly present as allowable by the facility’s safety risk assessment

• “Regularly present” means part of their standard monitoring procedures
Survey Evaluation

Common Areas
• Therapy Room
• Day Room
• Restrooms/Bathroom
• Laundry Room

Non-designated [i.e. Emergency Department (not all), medical units, etc.]
• Risk Assessment
• Policy/Procedure – guidance for staff
• Mitigate based on risk of patient

EXPERT PANEL RECOMMENDED EXCEPTION

Not required to be ligature resistant if all of the following are met:
1. Self-closing door
2. Self-locking door
3. When occupied by patients is directly observed by staff from within the room

Still identify on Risk Assessment
FAQ

Shower Curtains

Curtains used as bathroom door replacement

- Risk documented on environmental risk assessment
- Monitoring of any high risk patients near the curtain or the area where the risk is present

⚠️ The Joint Commission will not advise nor recommend any particular type of shower curtain, all shower curtains are considered a risk
FAQ

Medical Beds

For patients who require medical beds that have ligature points, there must be appropriate mitigation plans and safety precautions in place

• Identification of risks that bed poses
• Policies/procedures for use
• Documented need in patients’ medical records
• Safety provisions must be considered for all patients who could be at risk for suicide
FAQ

Contraband/Prohibited Items

The Joint Commission does not determine the items to be prohibited from an inpatient psychiatric unit. Items that are prohibited to be brought into organizations, due to the risk of harm to self or others, should be determined by the organization. Compliance of such safety measures is based upon organizational policies/procedures, individual care plans, and applicable state rules or regulations.
Ligature Update

- Assure risk assessment conducted
- Action to implement plan
- Cite all ligature risks
- Guidance documents....
- See also 2014 FGI Guidelines
  - Referenced at EC.02.06.05 EP1
- VA Guidelines
Ligature Risks – Other Reading

CMS S&C letter 18-06, December 08, 2017

The Joint Commission Perspectives

• From the Expert Panel Meetings:
  • November, 2017
  • January, 2018
  • February, 2018
  • March, 2018
  • July 2018
Ligature Issue Corrections

If Ligature issued discovered on survey

- Scored at NPSG.15.01.01 EP-01
- Have 60 days to correct
- If not possible to correct, contact Account Executive (AE) for next steps in Corrective Action.
Ligature Risk Extension Request (LRER)
Who subscribes to EC News – March 2019 Edition Topics

2. From TJC Department of Engineering—Demystifying Eyewash Stations: Often misunderstood, eyewash stations are required in health care facilities where staff members handle caustic or corrosive chemicals. It is vital to conduct a thorough risk analysis before determining placement and to ensure each station is accessible within 10 seconds to those who need it.

4. Introducing New EC News Customer Advisory Board: With expertise in the environment of care (EC), life safety (LS), emergency management (EM), and security, the Board members represent different types and sizes of health care facilities and various regions of the country.

6. Getting Precise with the Device: Health care organizations need to give renewed priority to medical equipment inspection, testing, and maintenance, while taking note of The Joint Commission’s new and revised fluoroscopic and computed tomography (CT) Elements of Performance (EPs). Included in the article, the “Medical Equipment Documentation” checklist can assist with maintenance scheduling.

15. Fire Drill Essentials: Hospitals and other accredited health care facilities must vary the day, shift, and conditions when conducting quarterly fire drills. Organizations need to have a detailed, written evacuation and relocation plan in place per the 2012 edition of the National Fire Protection Association (NFPA) Life Safety Code® (NFPA 101-2012), which The Joint Commission references.

18. Toolbox—Fire Drill Matrix: Developed by The Joint Commission, this tool helps health facilities comply with quarterly fire drill requirements.
Environment of Care® News

This monthly publication provides up-to-date, practical, and accurate advice on Joint Commission environment of care, emergency management, and life safety standards. Stay on top of information from the Centers for Medicare & Medicaid Services (CMS), National Fire Protection Association (NFPA), and other regulating bodies that affect Joint Commission standards—and your compliance activities in your healthcare organization.

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